

GUIDE TO CITIBANK® GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

Form for requesting a new individually billed Travel Card.

IMPORTANT INFORMATION about opening a new Citibank® Government Travel Card account:

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security Number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

Section I – Instructions

Section II - Reporting Parameters

1. **Reporting Hierarchy:** Completed by AOPC.
2. **Processing Unit ID#:** Completed by AOPC.

Section III - Plastic Type

3. **Plastic Type:** Already marked.

Section IV - Cardholder Information

4. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
5. **Agency/Organization Name:** Name of Agency.
6. **4th Line Embossing:** To be completed by AOPC.
7. **Home Mailing Street Address:** Your home mailing street address line 1 (maximum 36 characters). PO Boxes are not allowed.
8. **Social Security Number:** Used for card activation. Must be the Cardholder's complete nine-digit Social Security Number.
9. **Business Mailing Address:** Work address.
10. **Verification Information:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. Mother's maiden name is required.
11. **E-mail Address:** Business e-mail address.
12. **Date of Birth:** Cardholder's date of birth. Enter information in mm/dd/yy format.

Section V - Cardholder Signature

- (a) Employees must first read the Department's policies and procedures related to the use of the Citibank government travel card procedures which can be found at <http://www.ossec.doc.gov/oebam/travelcharge.htm>
- (b) Employees must complete the cardholder on-line training which can be found at <http://www.rdc.noaa.gov/~finance/citibank.htm>.
- (c) Employees must complete and sign the attached Employee Acknowledgement Statement which certifies that the employee has read and understands the Department's policies and procedures related to the use of the Citibank government travel card procedures. Employees must also record the date the training was completed on the Employee Acknowledgement Statement.
- (d) After reading Section V of the travel card application, employees must sign and date the application which certifies that he/she understands the terms and conditions for issuance and use of the travel card.
- (e) Employees should retain this application package, with the original signatures, for his/hers records and fax a copy to their respective AOPC below:

Approving Agency/Organization Program Coordinator's Signature and Phone Number:

- (a) All line and staff offices, other than NMFS and NWS, will call 301-444-2172 or 301-444-2135 for assistance, and fax applications to 301-413-3066.
- (b) NMFS employees will call 301-713-2259, x 194 for assistance, and fax applications to 301-713-1464.
- (c) NWS employees will call 301-713-1698, x 167 for assistance, and fax applications to 301-713-0347.

Section VI - Authorization Parameters – Completed by AOPC

Section VII - A/OPC Signature – Completed by AOPC

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NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	INSTRUCTIONS (Please also see "Important Information" at the top of the next page.)
1. To add a new account, Cardholder completes Section IV and signs in Section VI, AOPC completes Sections II, III and V, then signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax completed form to your Agency / Organization Program Coordinator	

SECTION II	REPORTING PARAMETERS - COMPLETED BY AOPC
*Reporting Hierarchy: (1) _____ *Processing Unit ID #: (2) _____ (maximum 5 characters)	

SECTION III	PLASTIC TYPE- COMPLETED BY AOPC
Government Standard <input checked="" type="checkbox"/> X _____ Quasi-Generic _____ Generic _____	

SECTION IV	CARDHOLDER INFORMATION (Please Print)
(4)	
*First Name of Cardholder	*Middle Initial
*Last Name (maximum 20 characters)	
(5)	
*Agency/Organization Name (maximum 24 characters)	*Home Phone
(6)	
4th Line Embossing	*Business Phone
(7)	
*Home Mailing Street Address Line 1 (maximum 36 characters)	Fax Number
Your statement is mailed to this address; PO Boxes cannot be used.	
(8)	
Home Mailing Street Address Line 2 (maximum 36 characters)	* Social Security Number
(9)	
*City	*State
*Zip Code	Country
(10)	
*Business Address Line 1 (maximum 36 characters)	*Verification Information (Mother's Maiden Name)
(11)	
Business Address Line 2 (maximum 36 characters)	(12)
*City	*State
*Zip Code	Country
(13)	
E-mail Address	*Date of Birth (mm/dd/yy)

SECTION V	(19) CARDHOLDER SIGNATURE
By signing this application, I acknowledge I have read the Citibank® Government Services Travel Card Program <i>Cardholder Account Agreement</i> and agree to be bound by the terms and conditions as set forth in the Agreement.	
*Cardholder Signature _____ Date _____	

SECTION VI	AUTHORIZATION PARAMETERS – COMPLETED BY AOPC
(13) Dollars per Cycle Limit (Card Limit) \$: _____ (15) ATM Access: Y _____ N _____ Cycle % _____ (14) Dollars per Transaction Limit \$: _____ (16) Number of Transactions: Cycle: _____ Daily: _____	

SECTION VII	(20) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER
*Approving Agency/Organization Program Coordinator's Signature _____ *Date _____ *Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) _____ *Approving Agency/Organization Program Coordinator's Fax Phone Number (with area code or country code) _____	

CB004.C — 07/23/04 *Asterisked fields must be completed prior to submission.
Numbers in parentheses correspond to numbers on guide sheet on next page.

U. S. DEPARTMENT OF COMMERCE

EMPLOYEE ACKNOWLEDGMENT STATEMENT AND APPROVING OFFICIAL CERTIFICATION STATEMENT

I certify that I (1) have received, read and understand the policies and procedures prescribed by the DOC Travel Handbook issued by the Director of Administrative Services, pertaining to the Citibank Government Travel Card Program; (2) will abide by such policies, procedures, and on-line training as issued by the Department, my bureau/operating unit and the contractor/card issuer concerning the use of the card issued to me; (3) acknowledge that the card is to be used **only** for expenses incurred incident to officially authorized Government travel; and (4) agree to pay my travel card account in full, upon receipt of my billing statement, or no later than 25 calendar days from the closing date on the statement.

(1)

Employee Signature and Date

Name (Type or Print)

Title

Organization and Bureau

Date On-Line Training Course was completed

(2)

Approving Official/Supervisor Signature and Date

Name (Type or Print)

Title

Telephone Number

NOTE TO EMPLOYEE: Your Citibank Government travel card application will not be processed unless accompanied by this completed and signed form. In addition, you must complete the Citibank Travel Card On-line Training which can be found at the following web site: <http://www.rdc.noaa.gov/~finance/Citibank.htm>

NOTE TO APPROVING OFFICIAL/SUPERVISOR: Your signature certifies that this employee is authorized to obtain the Citibank Government travel card. You will be notified of any inappropriate charges or if the employee's account becomes delinquent.